

Spinal Salaries at 2-3 per head on the population } 180.572
at 8 each for 1,000,000 cases 25,000
 A NEW DESIGN 205.5
 (P) 52606/P *min* 40.0
 FOR THE

BETTER ADMINISTRATION OF
 MEDICAL AID TO THE POOR,
 UPON THE PRINCIPLES OF
 NATIONAL FREE DISPENSARIES
 CAREFULLY GUARDED FROM FRAUDS AND IMPOSITIONS;
 PROPOSED TO BE ESTABLISHED
 IN LIEU OF THE PRESENT SYSTEM OF POOR LAW
 MEDICAL RELIEF.

DEDICATED TO THE
 RIGHT HONORABLE LORD ASHLEY, M.P.,
 THE INDEFATIGABLE FRIEND OF THE POOR,
 BY GEORGE WALLIS, M.D., EDIN.,

FORMERLY OF EMMANUEL COLLEGE, CAMBRIDGE, SENIOR PHYSICIAN TO
 THE BRISTOL ROYAL INFIRMARY, LECTURER ON ANATOMY
 AND MEDICINE, &c., &c.

BRISTOL, DECEMBER 16TH, 1850.

Bristol:
 PRINTED BY J. LEECH, BRISTOL TIMES OFFICE, 18, SMALL-STREET.

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FACTS SHEWING THE NECESSITY FOR THIS PLAN.

The number of the Working Classes, according to Mayhew, is 4,000,000. The average of the earnings of each does not exceed 10s. a week.

The number of these who become sick annually, is 18 to 25 per cent; as shewn by the Medical Topography of Exeter, by Dr Shapter, and by the Medical Topography of Shrewsbury, by Dr. Ward. The Poor Law Medical Aid does not assist more than a small part of these, not exceeding one-third, from their abhorrence of the pauperizing operation of the Poor Law.

The effect of the pauperizing clause of this law, is to create 72 per cent of all the existing paupers. (*See Official Returns.*) Each pauper costs from £4 to £5 annually.

Free medical aid, for medicines and remedies of all kinds, costs, in public institutions, from 4d. to 9d. per head, ex. the payment of the medical officer; these cases would be prevented from becoming paupers.

The number of deaths annually registered generally exceeds 400,000; of which two-fifths die from curable diseases under five years of age, having received no medical aid, or only unlicensed interference. (*See the Registrar General's Report for the first quarter of 1852.*)

One-fifth of adults die, without medical aid, from curable diseases, and refuse Poor Law medical aid for their children and for themselves, because they object to become paupers. Thus, *about 240,000 people die annually of curable diseases, having had no medical aid.*

Mr Baines on Mr Miles's motion, July, 1853, stated that "his predecessor, Mr C. Buller, had carefully studied the subject of Medical Inspectors, and had come to the conclusion that there were circumstances which rendered the appointment of Medical Inspectors impracticable." This is totally an error. (*See his Speech, March 16th, 1848.*) He said he believed that ten Medical Inspectors (as proposed by Lord Ashley) would be found an encumbrance rather than an assistance to the administration of the Poor Law, and therefore he could not consent to their appointment. At the same time, he did not pledge himself against the appointment of one or more Medical Inspectors, if it should be deemed necessary, in fact, he had in the first instance suggested that it would be highly desirable to have some medical assistance."



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INTRODUCTION.

March 16th, 1848, Lord Ashley moved certain Resolutions in the House of Commons with the view of improving the present system of Medical Relief to the Poor. In resisting these Resolutions the then President of the Poor Law Board, the late Chas. Buller, Esq., M.P., made the following statements. “The
“ principles and details of the question were the most
“ anomalous, the most important, and the most difficult
“ of any connected with the administration of the Poor
“ Law, and he should have been exceedingly happy had
“ the result of his deliberations on the subject enabled
“ him to prepare some plan for the administration of
“ Medical Relief *on a better principle* (hear, hear). * *
The “ expenditure for Medical Relief was considerably on
“ *the increase.* Under the old system it was scarcely
“ possible for any person to get what were called Extras.
“ That was now altered; he held in his hand a return
“ from the parish of Stepney, where, during one twelve-
“ month, no less than £646 *was spent under the head of*
“ *Extras.* * * * He was not prepared to say that
“ there was not great room for improvement in the work-
“ ing of the Poor Law, and more *especially in the adminis-*
“ *tration of Medical Relief* (cheers). * * * *The payment*
“ *of the Medical Officers by a salary was the best,* yet it did
“ not give universal satisfaction. He was of opinion that
“ it was absolutely necessary, in all cases, that *the Medi-*
“ *cal man should be adequately paid.* * * * *The system of*
“ *compelling the Medical man to find drugs* was one
“ which required much consideration. * * * And

“ if he was enabled to establish a system which should
 “ prove satisfactory, he would think he had done a great
 “ service to the country. * * * He for one, thought,
 “ that in Medical cases *very little ought to be left to the*
 “ *discretion of the Relieving Officer. He ought not to be*
 “ *allowed to be the judge of whether a Pauper was sick*
 “ *or not, that was a matter on which he was wholly in-*
 “ *competent to give an opinion.*”—Upon the question of
 MEDICAL INSPECTORS, he stated that “ He had in the first
 “ instance suggested that it would be highly desirable to
 “ have some Medical Assistance. * * * He thought
 “ *Parliament was right, when they voted that half the salary*
 “ *of the Medical men should be paid by the Government.*”
 The following Plan embodies these views, and received
 the sanction and approbation of the late President.

It is therefore expedient, that the *defects* in the present
 system of administering Medical aid to the poor, so
 prominently confessed by the late President Buller, in
 the House, March 16, 1848, should be amended, and
 a more liberal and extended system adopted, which
 may afford a better protection to the whole Poor of
 these Kingdoms against the ordinary diseases of the
 country, which annually destroy 100,000 lives, as well
 as against those pestilential epidemics which occasionally
 appear, and slaughter the people in masses (the Asiatic
 Cholera destroyed upwards of 60,000 persons in this
 country.) The defects specially named by the late
 Right Hon. President Buller, were “ *The expense of*
Poor Law Medical Aid was constantly on the increase.”
 If the Government pay the salaries of the Medical
 corps, as their moiety of the expense of Medical aid,
 the salaries being a fixed amount cannot materially vary

whatever increase of Medical aid may be required, any increase can only be in the consumption of Drugs, and these will be provided by the Boards of Guardians. Thus obviating at the same time another defect named by the late President, that of “*compelling the Medical man to find drugs.*” The Boards of Guardians will save more in the item of *Extras*, than the *Drugs* will cost them, as extras are now ordered by the Medical Officers, to save expensive drugs. And “*The Relieving Officer ought not to be allowed to be the judge of whether a Pauper was sick or not, of this he is wholly incompetent to give an opinion.*” This objection will be altogether removed, and a vast number of lives saved, by the people obtaining instant *Medical aid on the commencement of disease.* The practical operation, and extraordinary effects of this system are shewn in the Appendix, having been adopted to protect the people during the Cholera in Bristol, in 1849.

THE LEADING PRINCIPLES

Of a New System for Administering Medical Aid to the Poor, presented to the late Right Honble. Chas. Buller, M.P., then President of the Poor Law Board of Commissioners, by William Miles, Esq., M.P., and George Wallis, M.D.

1. All that portion of the Poor Law now in force, and which relates to the administration of Medical Aid to the Poor, shall be repealed, and a system of *National Free Dispensaries* established in lieu thereof, upon the principles hereinafter set forth.

2. The entire management of the Medical Business of the National Free Dispensaries shall be solely in the

hands of the Medical Officers appointed to this service, and shall be a separate and distinct department of the Poor Law.

3. All Union Surgeons and Medical Officers, with certain Medical Inspectors, termed Curators, shall form a corps called the "*Medical Civil Service*," under a Director General, termed the *Physician in Chief*, who shall be responsible to the country for the regular and efficient administration of Medical Aid to the Poor. This corps shall receive their pay from the Consolidated Fund, by a salary without case payments of any kind whatever, in the same manner as the Medical Officers of the Army and Navy ; but as there is a great diversity in the amount of duty to be performed by the Union Medical Officers, the amount of salary shall bear a just proportion to the amount of duty performed, and shall be computed in the manner hereinafter mentioned. The payment of this corps shall constitute all the expense due from the Government, in lieu of the moiety now paid for Medical Aid to the Poor.

4. The late President Buller deemed it inexpedient to remove entirely the local responsibility of Boards of Guardians : all the beneficial influence of local responsibility is here maintained ; for in lieu of the moiety of the expense of Medical Aid, now paid by Boards of Guardians, it is proposed to enact that Boards of Guardians shall provide all drugs, chemicals, medicines, and remedies of all kinds, as well as all surgical appliances which the Medical Officers of this Service may require in administering Medical or Surgical aid to the poor. And that this Medical aid may be more easy of access and more promptly administered, on which its

efficacy and success mainly depend, a proper place shall be provided in every Medical District, in which the said drugs and remedies shall be deposited, as a Dispensary, and where the Medical Officer may prescribe for his patients, supply them with remedies, and give every medical and surgical aid which may be required. The same shall be provided by all Overseers of the Poor, in all parishes and hamlets which may not be included in any Union.

5. Boards of Guardians shall appoint annually a District Managing Committee, who shall undertake all those duties which are generally performed by Committees of all Public Hospitals.

6. *Midwifery* involves questions of pauper settlements, concealed births, and other matters of jurisprudence, and must therefore be undertaken and specially provided for by Boards of Guardians, as hereinafter set down.

7. Every poor person who has a fixed residence in any Medical District of any Union, or in any parish or hamlet not included in any Union, shall be entitled to receive every Medical or Surgical aid he or she may require, free of all cost or charge, on application to the Medical or Surgical Officer of the District in which he or she may reside (subject to the regulations hereinafter named), including all drugs, medicines, or surgical appliances of every kind, which the Medical or Surgical Officer may think necessary for the proper and successful treatment of the case.

8. It is deemed advisable to extend this assistance to the industrious and respectable poor, who are not paupers, to save them from being reduced to pauperism by sickness. Therefore it must be enacted that no person

shall become a pauper, or in any manner be deemed as such, nor shall his or her rights or privileges be in any manner affected, by the receipt of Medical or Surgical aid from the Medical Officer, or from the National Dispensary of their District.

9. All vagrants, trampers, unsettled poor, and unknown persons, and persons not belonging to the District, shall have every Medical or Surgical assistance they may require on the occurrence of any accident, causing bodily injury, or on the sudden seizure of disease. But every such case shall be immediately reported to the Relieving Officer, and placed under the control of the Board of Guardians, to be dealt with as they may think fit. But no such sick person or case shall be removed, unless the Medical Officer certifies that the same may be removed without danger to the patient or increasing the malady.

10. That this Charity may be protected from abuse, and that avaricious persons who are not entitled to charity may not avail themselves of it, it should be enacted that the Boards of Guardians shall have a discretionary power of fixing a limit, in regard to wages or income, and all persons possessing or receiving any income or wages beyond the limit so fixed by the Board of Guardians, shall not avail themselves of this charity without subjecting themselves to the penalties hereinafter named. Such limit, however, so placed, shall not exclude any of the labouring population whose weekly wages do not exceed 10 shilling per week. Nor such persons as have an income from whatever source derived, which does not exceed 10 shillings per week.

11. No person shall be entitled to receive Medical or

Surgical aid, or remedies of any kind, from any National Dispensary, for a longer term than seven days, without the consent of the Managing Committee of that Dispensary, which consent, however, shall be considered as being obtained, if no objection be made by any member of the Committee or the Relieving Officer, to the person's name remaining on the list of patients.

12. Any person who obtains Medical or Surgical aid, or any of the medicines, drugs, appliances, or materials of any kind from any National Dispensary by any misrepresentation or fraud, and who is not duly entitled to receive the same, shall be deemed to have committed an offence, and on conviction before any two of H. M. Justices of the Peace, shall be fined in a sum of money not exceeding £10 at the discretion of the said Justices, or be imprisoned in any of H. M. gaols for a term not exceeding three months.*

DISPENSARIES.—DETAILS.

13. The Board of Guardians shall provide a *room* or *two rooms* in every Medical District, where all necessary drugs, medicines, remedies, and appliances of every kind, which may be required by the Medical Officer, may be deposited; and where he may receive his patients, prescribe for them, and dispense remedies for them. All such rooms or Dispensaries shall not be at the Medical Officer's own residence, nor shall the choice of the situation be in any manner influenced by the place of residence of the Medical Officer. But every Dispen-

* Persons may succeed in obtaining Medical aid of the value of £10 who may not be entitled to it, before the discovery of the cheat is made. The fine is therefore placed high to afford a compensation to the Board of Guardians, and the Medical Officer, out of it. The Justices apportioning what they think fit to each.

sary shall be placed in the most central, populous, and the most convenient part of the district for the advantage of the patients, and in towns or cities, the situation shall be where the poor are most congregated.

14. In all rural districts, where there are two or more villages in one Medical district, a minor depôt of drugs shall be kept in each village, more especially if such village be one mile distant from the principal district dispensary.

15. Boards of Guardians shall re-arrange any Medical districts which can be rendered more convenient by so doing, for the better carrying out of this system.

16 Magistrates at Quarter Sessions assembled, or Boards of Guardians, shall have power to permit benevolent persons to provide or build National Dispensaries, and who shall receive, on application to the Lords of the Treasury, such assistance as they may deem proper to advance from the Consolidated Fund, on the same terms as grants are made to National Schools.

17. In the purchase of premises or ground for any National Dispensary, a receipt for the money paid for any such ground or premises, with a registration of the purchase, shall be a full and sufficient title.

THE SUPPLY OF DRUGS.

18. The supply of Drugs and Medicines under the present system of Medical contracts is confessedly and notoriously defective: it is freely admitted by some surgeons of unions that they substitute extra diet in lieu of expensive remedies, and that they do not allow the medicines supplied to pauper patients to cost them so much as 2d. a head. It is therefore expedient that Boards of Guardians shall purchase all drugs, medicines,

and remedies of the best quality, in the manner directed by the Physician in Chief and not by contract.

19. Any drug supplied by any party, to any Board of Guardians which may on examination or analysis, performed by a competent judge, be found to be sophisticated or mixed with any different material, the same shall be declared forfeited, and shall be destroyed ; and if such sophisticated drug or chemical shall have been paid for, the money so paid, shall be returned, and the clerk of the union shall summon the seller of any such sophisticated drug or chemical, before any two of H. M. Justices of the Peace who may inflict a fine on such seller, not exceeding £5, or one month's imprisonment, in one of H. M. Gaols, at the discretion of the said Justices.*

DRUGS.—DETAILS.

20. A Depôt of Drugs, Chemicals, Medicines, Remedies, and all necessary Surgical Appliances, shall be kept and maintained at every Union House for the supply of the District Dispensaries. Such Depôt to be under the charge and care of a Storekeeper, who shall be a person competent to receive and deliver out all such drugs, remedies, chemicals, or surgical appliances as may be required by the Medical Officers of the District Dispensaries, and who shall keep an exact account of every article received into the Depôt—who supplied it, its

* This fine may appear harsh to persons unacquainted with Medical business, but the iniquitous *sophistication of all valuable drugs* is so generally practiced, by which they are rendered deceptive to the Medical man, and often destructive to the patient; so that on the ground of public safety, this fine is recommended. Quinine is now seldom to be obtained pure, veratrine perhaps never. A valuable drug is no sooner introduced into practice, but its power and efficacy is destroyed by these frauds. It would be a great boon to the Medical Profession and to the public at large to obtain this protection.

quantity, price, and every other particular regarding every article so received.

21. The Storekeeper shall not deliver out any drug, remedy, chemical, or surgical appliance of any kind, or any article contained in the Dépôt, without a written order from the Medical Officer of the District, which order shall state the exact quantity of every article required by the Medical Officer, and the date when supplied. Every such order shall be placed on a file in the Dépôt, and a separate file shall be kept for each Medical Officer of each District belonging to the Union. A separate delivery-book, or account, for each Medical Officer shall be carefully kept by the storekeeper, in which every article delivered out, and its quantity, &c., to each Medical Officer shall be accurately entered.

22. Every drug, chemical, or medicine shall be kept in a proper and suitable receptacle, which shall be fully and accurately labelled.

23. Any Medical Officer who shall take, use, or supply any of the drugs, chemicals, medicines, remedies, or surgical appliances of any kind, the property belonging to the Union, for his own use, or for his private patients, or for his own profit in any manner whatever, shall, on conviction before any two of H. M. Justices of the Peace, be fined in a penalty not exceeding £5, and his commission be withdrawn.

DISPENSARIES.—DETAILS.

24. It is officially the duty of every paid Medical Officer to dispense all medicines and remedies, whether the same may be ordered by himself or by any Honorary Medical or Surgical Officer belonging to his district.

This duty is often laborious and consumes a large amount of time, it is therefore usual to employ an Assistant. That the Medical Officer may be assisted in this part of his duty without expense, and that useful employment may be had for some of the inmates of the Union House ; the Medical Officer shall be allowed to choose a boy or man from among the paupers of the Union House, to be instructed in this business and to remain as an Assistant at the National Dispensary, in the service of the Medical Officer, for a term of five years at the least, and shall not be removed from this duty, until some other boy or man shall have been sufficiently initiated in the business as to be able to supply the place of the one intended to be removed by the Board of Guardians.

25. No patient, who may be waiting for medicines, shall be permitted to enter the dispensing department, nor shall in any manner interfere with the dispenser. All medicines and remedies shall be delivered to the patients through a window or partition.

26. All patients shall be required to provide their own bottles, gallipots, or receptacles, in which their remedies are to be delivered to them, and when a further supply be required, the bottles, or gallipots shall be brought clean, and with corks, &c.* Any patient not possessing any bottle or other receptacle in which medicines may be received, shall have the same lent from the Dispensary, provided the patient deposit 3d. or 6d. as a guarantee that the same shall be safely returned, which being done, the deposit money will be returned. When

* This regulation is necessary to prevent these articles being sold or wilfully destroyed, and would be an important item of expense if supplied from the Dispensary.

a deposit is thus made, a memorandum shall be written upon the card of directions which every out patient has given to him.

27. A card of directions shall be given to every out patient in which is stated the days and hour on which he must attend at the Dispensary, the name and residence of the patient, name of the Medical Officer, the No. of the page in the out patient's book where his case and prescriptions are entered, and an admonition that if he neglect attending the Medical Officer twice on the appointed days, without leave, he will be dismissed. He must always bring this card with him to the Dispensary. Any patient using improper language to the Medical Officer, or who conducts himself improperly at the Dispensary, shall be dismissed.

DISPENSARY COMMITTEE.

28. All Boards of Guardians shall appoint annually a Committee to manage the affairs of each District Dispensary, such Committee to be formed of four members of the Board of Guardians, and, to whom may be added, any two respectable ratepayers who may not be members of the Board of Guardians, but who are resident in that District, in which the Dispensary is situated. Every Magistrate and officiating Clergyman resident in the district shall be *ex officio* members of every Dispensary Committee.

29. The managing committee shall meet once a week, at any such time as they shall appoint or as may be directed by the Board of Guardians. It will be the duty of this committee to inspect the names of every patient entered upon the books of the Dispensary, and to object

to every person receiving Medical aid from this institution who is not duly entitled to receive the same, according to the limit agreed upon by the Board of Guardians, and to order the clerk of the union to proceed at law against any one who may have illegally obtained the services of the Medical Officer or the remedies or appliances of any kind from this institution.

30. It will be an especial duty of this Committee to make strict enquiries into all cases of Midwifery, when any note of recommendation may have been given in to the Dispensary to obtain the services of the Midwife or Surgeon, and to place every necessary information regarding every such case immediately before the Board of Guardians.

31. The committee shall report any neglect of duty, irregularity, or misconduct of any kind of which the Medical Officer may have been guilty, immediately to the Physician in Chief; or if immediate enquiry be not necessary, shall make entry of any matter they may think necessary in their *private visiting book*, to be laid before the Curator on his next visit of inspection.

32. The property at every district Dispensary belonging to the Union, shall be deemed to be under the care and management of the district committee, and for which they shall be responsible to the Board of Guardians.

MIDWIFERY.—DETAILS.

33. Midwifery is a distinct and separate portion of Medical business, and is always separately provided for in all public institutions. Midwives are universally employed by the French people, and in all our public institutions; therefore, a properly educated and com-

petent Midwife shall be employed to attend all cases of Midwifery, in the same manner as in other public charities.

34. Every poor pregnant woman, resident in any Medical district, shall be entitled to receive the assistance of the Midwife, or of the Surgeon of the district in which she resides (if necessary), during her confinement. But as child-bearing involves the question of pauper settlements, all pregnant women desirous of receiving this aid, shall be required to obtain a note of recommendation from the Chairman of the Board of Guardians, from the Relieving Officer, Parish Officer, or Overseer of the Poor, or from a Magistrate residing and acting in the district in which the woman resides, or from the District Dispensary Committee. Such note of recommendation shall state whether the woman be married or single, if it be her first child, and if she belong to the Union, and the probable time when her confinement may be expected. Every such note of recommendation shall be carried to her District Dispensary at least 14 days prior to the expected time of her confinement, and there placed on a file kept for that purpose. It shall be required as a condition of giving this note, that the infant shall be carried to the Dispensary and Vaccinated before it attains the age of six months.

35. Boards of Guardians shall have the right of refusing and rejecting any note of recommendation presented by any Pregnant Woman, if they think fit.

36. Every Midwife shall be required to summon the District Surgeon immediately in every case where danger or difficulty may appear, after which the Surgeon shall be responsible for the future management of the

case. Every Midwife shall obey the directions given by the Surgeon, on pain of dismissal.

37. Boards of Guardians shall appoint a properly educated Midwife as a resident servant to every Union House, who shall take as much of the duty of the surrounding district as she can reasonably undertake and properly perform.

38. Boards of Guardians may appoint a Midwife to any District Dispensary as a resident Midwife, where they may deem such an appointment to be necessary or advantageous. The care of the District Dispensary may be placed under the charge of any Midwife so appointed.

39. Every Candidate for the situation of Midwife to any Union House or District Dispensary, shall produce testimonials of habits of strict *sobriety*, and good moral conduct, and of having attended a course of lectures or instructions in the practice of Midwifery, and also certificates from not less than two respectable practitioners in Midwifery, being Medical men in practice, that they consider the candidate fully competent to undertake the duties of that situation, and every such candidate shall not exceed 45 years of age.

40. All Midwives to be paid by Boards of Guardians.

41. In wide and thinly populated districts, Boards of Guardians may employ the surgeon of the district to attend any case of midwifery.

PERSONS ENTITLED TO RECEIVE MEDICAL AID FROM THE NATIONAL DISPENSARIES.

42. It is the especial object in the establishment of these institutions to afford Medical aid to the whole poor of this kingdom, whether they be paupers or not; but more especially to afford assistance to the honest and

industrious labourer when sickness disables him from working, and to prevent him from being degraded into pauperism.

43. Every poor person who has a fixed residence in any Medical district, and has there resided for the term of one month, shall be entitled to every Medical or Surgical Assistance, with all medicines, remedies, or surgical appliances of every kind, which his or her case may require, on application to the Medical Officer of the District in which such poor person may reside, provided that any such poor person does not possess a larger income or amount of wages than the sum which has been agreed upon, and fixed by the Board of Guardians, as disentitling all persons to the aid of this charity.

44. No note of recommendation from any person whatsoever, shall be required to enable any poor person to receive this Medical or Surgical aid.

45. In conformity with the usages of all public institutions, all sick persons who are capable of attending at the Dispensary, shall so attend at all such times as the Medical Officer shall appoint, and shall bring with them their card of directions, and their bottles, or gallipots clean.

46. All such persons as may be suffering from fever, inflammations, diseases of the heart, the advanced stages of diseases of the lungs or other viscera, or who may be in a state of exhaustion or debility, or in any other condition which may render them incapable of attending at the Dispensary, shall be visited by the Medical Officer at their own residences, as home patients.

47. Every person who is desirous of being visited by

the Medical Officer, at his own home, and being incapable of attending at the Dispensary, shall make an application to the Medical Officer (requesting to be visited) before ten o'clock in the forenoon, otherwise the Medical Officer shall not be required to visit any such person until the following day, unless it be a case of emergency arising from a sudden attack of disease, or an injury from some accident, when he shall attend as speedily as he possibly can.

48. Every patient admitted on the books of this charity, shall strictly conform to all the rules and regulations laid down for the conduct and convenience of the business of the Dispensary, on pain of dismissal.

PERSONS NOT ENTITLED TO RECEIVE MEDICAL AID FROM THE NATIONAL DISPENSARIES.

49. No person who possesses an independent income amounting to £40 per annum, or who rents Land to the amount of £50 a year, or who rents a House for his own residence of the value of £10 a year, the same not being a Lodging House, or who possesses property of the value of £200—no such person shall be entitled to receive Medical or Surgical Aid from any National Dispensary.

50. The necessities of life are so much cheaper in some places than in others, and house-rent is so much lower in rural districts than in towns, and the amount of wages paid to labourers of the same class, vary so greatly, according to local circumstances, that it would be a great injustice to fix one and the same limit of income or wages, which disentitles a person from receiving the benefits of these Institutions, to govern in all places

alike. It therefore should be enacted, that Boards of Guardians, after having duly considered the above-mentioned circumstances, shall determine and fix what shall be the amount of property, income, or wages which shall disentitle persons from receiving Medical or Surgical Aid from the Dispensaries of their Union. Every limit so fixed by the Board of Guardians shall be publicly made known throughout their Union, and also that a penalty will attach to all parties who may attempt to defraud the Union by contravening that regulation, according to Sec. 12.

ELECTION OF MEDICAL OFFICERS TO UNION MEDICAL DISTRICTS.

51. The election of Medical Officers to the Medical Districts of Unions shall be vested in the Boards of Guardians, and in all Parishes not included in any Union, in the Rate-payers of such Parish.

52. Every Candidate for the office of District Medical Officer, shall place his Testimonials before the Board of Guardians at least 14 days before the day of election, which Testimonials shall shew that the candidate is entitled to practice, by being either a Graduate of one of the Universities of the United Kingdom, or a Member of the College of Surgeons of London, of Edinborough, of Dublin, or a Licentiate of the Society of Apothecaries of London.

53. The Board of Guardians having made their choice of a candidate, shall transmit the name of such candidate, to the Physician-in-Chief, with a statement of what are his titles to practice, and whether he reside in the District to which they have elected him, and if not, at what distance his residence may be from that Dis-

trict Dispensary, and also how far the extreme boundary of that District may be from his residence, when the Physician-in-Chief, shall have power to confirm or reject any such candidate. If the Physician-in-Chief be satisfied with the candidate elect, he shall issue a Commission appointing that candidate the Medical Officer of District No. — of the ——— Union, which Commission shall be for a term of seven years and no longer; but every Officer whose commission has expired, shall be eligible for re-election, which re-election shall be accomplished by the Board of Guardians stating to the Physician-in-Chief their desire that such Medical Officer should continue his services.

54. Every Medical Officer desiring to continue his services after the expiration of his seven years, shall give the Board of Guardians one month's notice of his wish to continue his office. And if any Guardian intend to propose a new candidate for the District, he shall give 14 days' notice to the Board of Guardians, and to the acting Medical Officer of his intention, otherwise he shall not be allowed to nominate any new candidate on the day of election.

55. The conditions on which every Medical Officer holds his commission are—That he will fully and faithfully discharge every duty which belongs to his office, as Medical Officer of his District, whether it be the due execution of all his business at the Dispensary of his District, the careful attendance on the Sick at their own residences, and supplying them with all the necessary remedies, or the performance of Vaccinations, Operations in Surgery, Reducing and attending Fractures and Dislocations, or assisting the Midwife in all difficult and dangerous cases of Midwifery.

56. That he will keep his Statistical Table carefully, and enter every case upon it as required ; and that he will observe all the regulations which the Physician-in-Chief may issue for the performance of all the duties of this service, and make all the required returns ; and that he will keep a correct Journal of every Case in his Out-Patient Book of all those Patients who may attend at the Dispensary ; and the Journal of all the Home Patients he will keep on the Order Sheet strictly and correctly, and every such Order Sheet he will carefully file at the Dispensary, on the termination of the case.

57. The Physician-in-Chief shall have the power of withdrawing any Medical Officer's Commission belonging to this service, in any case where a Curator may bring an accusation, supported by the Board of Guardians, and shewn to be just, and deemed a sufficiently grave offence by a majority of the Curators (who shall be assembled as a Special Jury, with the Physician-in-Chief presiding), and shall determine such withdrawal to be desirable.

58. Honorary Physicians and Surgeons, may be appointed to any Free National Dispensary, in the same manner as the paid Officers. The services of such Honorary Officers will be of very great value in all Town Districts.

DUTY OF THE MEDICAL OFFICERS.

59. Every Union Medical Officer, shall attend at his Dispensary not less than three days in every week, and on every day, if the business of his District should require it ; when, if there be more than one Dispensary or Depôt of Drugs in any one Medical District, the Medical Officer shall attend at any or every such Depôt on

alternate days, or at such other times as the business may require him, such attendance not being less than three days in every week, at each Dispensary or Depôt.

60. No Medical Officer shall be required to wait at his Dispensary any longer time than is necessary to perform his duty to those Patients who are in attendance at the Dispensary, provided that he attend and is present at the Dispensary, at the proper appointed hour named on the notice Board.

61. Every Union Surgeon or Medical Officer, shall keep an accurate statistical account of every Patient who may receive aid or advice at the Public Expense. A Statistical Table will be supplied to each Officer, which must be carefully filled up. In an Out-patient Book also, must be entered the Name, Age, Residence, Occupation, if Married or Single, and the Disease or Complaint of every person who may receive advice, remedies, or assistance of any kind whatever from the National Charity. And every prescription or application, or assistance entered, and the date when administered. Every attendance of every Patient shall be entered, whether such Patient may or may not have remedies prescribed for him or her.

62. A similar accurate Statistical Account shall be kept of every *Home Patient* attended by the Medical or Surgical Officer, and a similar Journal of every case, shall be kept upon an *Order Sheet*, in all respects corresponding with the Journal kept in the Out-patient Book, and in addition to which, the Diet recommended, and every alteration of the Diet shall be entered on the *Order Sheet*; and the date of every visit entered, and the Initials of the name of the Medical Officer who

makes the visit, with the prescription of every remedy used, and every alteration of remedies, so as to produce an accurate Journal of every case. All remedies to be compounded from the prescriptions entered on the Order Sheet. Example :—

ORDER SHEET.

B E D M I N S T E R U N I O N S O M E R S E T S H I R E .

John Lott Æt : 56, Labourer, M., Parish of Wraxall.

CASE, FEVER.

Has complained for several days of Languor, with pains in his Head, Back, and Limbs, no sleep, tongue foul, bowels acting frequently, Pulse 120, skin hot and dry, giddiness, and prostration of strength, pain and tenderness at the Pit of the Stomach, &c.

Nov. 25
G. W.

Let him take Acetate of Lead 2 grs., and Compound Powder of Tragacanth 20 grains, in a powder every 4 hours. Diet to be Gruel, Arrowroot, and Tea.

Nov. 26
G. W.

Continue the same.

63. The ultimate termination of the Case shall be added, and if that be in death, the Post Mortem examination, if that can be obtained. And this Order Sheet thus finished shall be placed upon a file kept for this purpose at the District Dispensary, where it shall remain to be produced as a document, if such should be required, that it may be examined by the Curator, in case of any complaint being preferred against the Medical Officer, to see if such cases have been properly treated, and if due attention has been paid to them.

64. In all Town Districts, one day in every week shall be specially appointed for the performance of Vac-

cination, and in Rural Districts one day in every fortnight.

65. Every Union Surgeon or Medical Officer, shall keep a correct Journal of every difficult and dangerous case of Midwifery to which he may be called, so as to enable the Curator to judge, whether the Case has been of such a kind as to entitle the Medical Officer to receive a gratuity, which shall be paid to him by the Board of Guardians, on the same being allowed by the Curator.

CONSULTATIONS.

66. No Medical Officer belonging to this service shall undertake any *Capital Operation* in Surgery, without the propriety and necessity of such operation shall have been decided upon, in a consultation with some Surgeon of rank, and of great experience and skilled as an Operator, a Hospital Surgeon shall be preferred if the assistance of such a Surgeon can be obtained, when if the Union Medical Officer has not been accustomed to operate, the Surgeon called in shall perform the operation.

67. Every Consultation which may be held upon any Case, shall be fully stated in a Consultation Book, and the decision come to, and the future proceeding which have been proposed to be taken, which shall be signed by all the Parties engaged in the consultation.

68. When any operation is performed, the operation shall be described shortly in the Consulting Book, and should any unusual incident occur, it shall be also entered in the Consultation Book, immediately under the account of the consultation, and the names of the Operating Surgeon and of his assistants. The result of

the case shall be added as soon as it is completed and known.

69. The operation of CRANIOTOMY shall not be performed, until the necessity for it has been decided upon in consultation, with some Surgeon of great practical experience in Midwifery.

70. Every Surgeon shall provide his own surgical instruments, and shall keep them at all times in good order, and fit for use upon any sudden emergency.

71. Boards of Guardians, or any Magistrate acting in the District, may order a consultation to be held upon any Case whenever they may think it desirable.

PAYMENT OF MEDICAL OFFICERS.

THE PROPOSED METHOD OF ESTIMATING THE PAYMENT OF THE MEDICAL OFFICERS OF THIS SERVICE.

72. All Case payments cease altogether, except any gratuity which Boards of Guardians may, by and with the consent of the Physician-in-Chief, determine to give for the management of severe cases of Midwifery, or for consultations, and which will be paid by the Boards of Guardians, after the same has been allowed by the Curator, and he has signed an order for the payment of any such gratuity.

73. The amount of salary to be paid to each Officer of this service, to be computed in the following manner, being determined by the amount of the whole population, the area of the District, and adjusted by the amount of pauperism and unhealthiness of the District.

All dense populations or Town Districts $1\frac{1}{2}$ d per head on the whole population.

All suburban ditto having 3 persons to 1 acre 2d. ditto ditto

All Districts having 1 person to 1 acre $2\frac{1}{2}d$ per head on the whole population.							
Ditto	1	ditto	to 2 acres	..	3d	ditto	ditto
Ditto	1	ditto	to 3 acres	..	$3\frac{1}{2}d$	ditto	ditto
Ditto	1	ditto	to 4 acres	..	4d	ditto	ditto
Ditto	1	ditto	to 5 acres and upwards		4d	ditto	ditto *

74. A certain amount of discretionary power must be placed in the hands of the Physician in Chief, that he may adjust the salary to the especial circumstances of the District. In all Town Districts in which public Hospitals or Dispensaries are situated, a large portion of the poor are supplied with Medical Aid from these Institutions, consequently the salary in these Districts must be estimated by ascertaining the number of sick notes which have been granted annually by the Relieving Officer, of which a return has been made to the Union, and by taking an average of three or five years, a fair estimate may be formed upon these returns.

75. In estimating the amount of labour, and fairly remunerating the Medical Officers, the returns made to the Unions of the number of sick paupers in any District for an average of three or 5 years, shall be taken as the basis of the calculation, from which an increase or a decrease of salary, according to the labour, may be very fairly adduced—E. G. In any District where the return of sick paupers have been equal in number, to upwards of 5 per cent. of the whole Pauper population of the District, every such District should have one farthing or one half-penny a head added to the salary according to the amount per cent. of the sick,—And where the numbers shall not amount to more than 3 or 4 per cent. of the whole Pauper population, a deduction from the salary

* This scale of payments is only intended as an example of the method of computing the Medical Officers Salaries, and not to be considered as committing the government or ourselves to that precise amount.

as above computed may be made. In this manner an equitable and fair remuneration may be made, suitable to the labour performed, and thus deal out even-handed justice to every Officer belonging to the service.

PROPOSED GRATUITIES TO BE PAID BY BOARDS OF GUARDIANS AS BELONGING TO MIDWIFERY.

76. All dangerous cases of Midwifery require great energy and skill, and cause a great sacrifice of time, and unless such cases be devotedly and exclusively attended to, life would be lost. It is, therefore, only justice to the Medical Officer, and *to the poor woman more especially*, that the Surgeon be paid by the Board of Guardians the following gratuities, provided the same be allowed by the Curator :—

For every case of dangerous Flooding	20s.
For every case of dangerous Puerperal Convulsions	20s.
For Placenta prævia and turning	20s.
For Craniotomy, required after a Consultation ...	40s.

77. As every Officer only engages to perform the duty of his own District; whenever he be called in consultation to assist any other Officer out of his District, he should be paid the following gratuities by the Boards of Guardians of the District where he is called to assist :

Any where out of his District ...	10s
5 miles out of ditto	15s
10 miles out of ditto	30s

Or to be counted 3s per mile.

PHYSICIAN-IN-CHIEF, OR DIRECTOR GENERAL OF THE CIVIL MEDICAL SERVICE.

78. No Medical Officer shall be appointed to the command of the Medical Civil Service, as Physician-in-

Chief or Director General, unless he be a Graduate of the University of Oxford, Cambridge, Edinbro' or of Dublin, and of not less than Ten years standing, and who has been actively engaged in the duties of his profession during that time*

79. The Physician-in-Chief must be invested with sufficient powers to carry this system into full effect, and to maintain its efficiency, and to correct abuses and irregularities which may occur among the Union Surgeons or Medical duties of this service.

80. The Physician-in-Chief should have power to employ Assistants or extra Officers upon any occasion of great emergency, such as on the access of Epidemics of a violent and destructive character.

81. The appointment of every Physician-in-Chief will be with the government, but every such appointment should be limited to a choice of one of the Three Senior Curators, or by promotion of the Senior, that the services of the most experienced Officer may be obtained.

CURATORS OR MEDICAL INSPECTORS DETAILS.

82. The isolated and peculiar position of the Union Medical Officers of this service, where order and discipline have never existed, render it especially necessary, that a complete system of supervision and inspection should be established and executed by Officers of superior rank and attainments. Such highly educated

*The inconsiderate error and gross insult to the higher branch of the Medical Profession, which is contained in the Lunacy Act, ought not to be repeated in this Act. The Lunacy Act directs the Commissioners to be a Physician Surgeon, or an Apothecary. The parallel to this in the Legal profession would be, the Chief Justice shall be a Barrister, Attorney, or Law Stationer. Such an error, is a manifest injury to the public service.

and accomplished men, as would command the respect of the great body of the Medical practitioners of the Kingdom.

83. It is of vital importance to the successful carrying out of this plan in the first instance, that keen and talented men, with business-like habits should be selected, whose activity and energy may put the whole machinery into regular and steady operation. It is impossible for any non-professional person to make the best selections, from an incapacity to discriminate between real professional superiority, and mere pretence. The selections must be honestly made without favour or patronage. And when once made, the Physician-in-Chief and the Curators should be allowed to fill up every future vacancy by their own election, upon the same principle as colleges elect their own fellows. This method would best preserve the efficiency of this service.

84. The first duty of the Curators would be to arrange all the Unions of the Kingdom into Departments, or Circuits for the purposes of Inspection.

85. The Curators must have power to compel the filing of all Order Sheets, and the production of them on their visits of Inspection, and also of the Out-patient Books, Consultation Books, and the Private Visiting Books of the Dispensary Committees. And must examine all the Storekeeper's accounts as to the supply and consumption of Drugs, and all other materials, used by the whole of the Medical Officers of that Union.

86. The sanitary condition of the Union Houses must be carefully examined, and the management of the Infirmary Wards,—And investigate all complaints

against the Medical Officers, and must make all such orders as may be necessary for the carrying into full effect, this system of Medical Aid to the whole poor, and make a complete report of every such visit of Inspection to the Physician-in-Chief.

APPENDIX.

87. INFIRMARY WARDS—ought to be maintained at every Union House to admit sick cases from the District Dispensaries.

88. Infirmary Wards do not of necessity form an essential part of this plan, at the present time they might be objected to, most probably on an erroneous supposition of the expense they might create. Although there can be no doubt whatever that at a future time they will be established in connection with Union Houses or National Dispensaries, upon the twofold principle of humanity and economy ; for it will be found by experience, that the best economy is to relieve the poor man as speedily as possible from sickness, that he may return to his labour and maintain himself and his family. The advantages of Infirmary Wards for this purpose are infinitely greater than non-professional persons imagine. The effects of a well ventilated apartment, food suitable to the condition of disease, regular medical attention with proper and judicious nursing, and to which may be added, personal cleanliness ; all these favourable circumstances are of immense value towards a patient's recovery. The absence of all these advantages in a miserable dwelling makes a fearful difference in the recovery of a person labouring under whatever disease he may, and more especially under that scourge of the Poor, FEVER!—I assert, advisedly, from a well founded practical knowledge, that double the amount of lives in fever cases would be saved in proper Infirmary Wards, than can possibly be done in any poor man's own dwelling.

89. Admissions into these Wards ought to rest with the District Medical Officer, and the Managing Committee.

90. All such poor persons as are admitted and who are not Paupers, might pay a small sum weekly, *for their maintenance only* ! as is the custom in self-supporting Hospitals ; this would preserve the distinction between the respectable and independent Poor, and Paupers.

91. All cases of Fever, and dangerous diseases of all kinds, ought to be sent to properly constructed Infirmary Wards, to be connected

with every Union House, out of the narrow, low, ill-ventilated, and unhealthy cabins generally inhabited by the poor.

92. Infirmary Wards should be spacious and well ventilated, for which purpose one story above the ground-floor would be by far the best.

A Return of the Cost of Drugs made to the Provincial Medical and Surgical Association for the Year 1842-3 of the following Dispensaries.

	s.	d.		s.	d.
Bath (Walcot) cost of Drugs per case	0	8 $\frac{1}{4}$	Hull, cost of Drugs per case....	1	5 $\frac{1}{2}$
Do. (Western) ditto	1	9	Lincoln ditto	0	10 $\frac{2}{3}$
Bristol Dispensary ditto	1	7 $\frac{2}{3}$	Portsmouth ditto	1	8 $\frac{1}{2}$
Brighton ditto	1	2	Sheffield ditto	1	3 $\frac{1}{2}$
Clifton ditto	1	6	Wrexham ditto	1	9 $\frac{1}{2}$
			Wakefield ditto	1	5 $\frac{1}{2}$

METROPOLITAN.

Tower Hamlets ditto	1	3 $\frac{1}{2}$	including pay of the Medical Officer.	
Royal South London ditto.....	1	2 $\frac{3}{4}$	Ditto ditto	
Surrey ditto	1	5 $\frac{3}{4}$	Ditto ditto	
Aldgate-street, one of the most liberal and best	1	0 $\frac{5}{8}$	Ditto ditto	
Spitalfields	0	4 $\frac{1}{4}$	Ditto ditto	
			not including ditto	

SELF SUPPORTING DISPENSARIES.

Atherstone, Drugs per case	1	0	Dispenser	0	6 $\frac{1}{4}$
Burton ditto	1	10 $\frac{1}{4}$	Ditto	1	1 $\frac{3}{4}$
Chesham ditto	1	1 $\frac{1}{3}$	Ditto	0	11 $\frac{1}{4}$
Coventry ditto	1	1 $\frac{1}{4}$	Ditto	0	6 $\frac{3}{4}$
Derby ditto	0	9 $\frac{3}{8}$	Ditto	1	1 $\frac{1}{4}$
Leamington ditto	1	8	Ditto	0	8

INFIRMARIES.

Bristol, cost of Drugs per case..	0	8 $\frac{7}{8}$ *		
Bath Ditto ..	1	0 1-10		
Bridgwater Ditto ..	0	11 1-5		
Cholera Free Dispensaries in Bristol, 1849	0	2 $\frac{3}{4}$	cost of Medical Officer 10 $\frac{7}{8}$ d. per case.	

* The great difference in the cost of drugs in these institutions may be accounted for by the greater or less care in the management of them. And also by some returns, including spirits and other articles not introduced in other returns. There is also, generally, very great waste and no regard paid to the expense of the drugs used. I have seen medicines ordered which have cost 16s. per dose. The return of the Royal Infirmary, Bristol, notwithstanding very great extravagance and waste, is 8 $\frac{7}{8}$ d., which is correct; although to this institution all the severe cases for many miles round Bristol are sent, and which are necessarily a long time on hand, and consume a large quantity of expensive drugs.

The following Return shews the result of the operation of this plan, during the prevalence of the Asiatic Cholera in Bristol, in 1849.

The Ancient City of Bristol was divided into Five Districts, and a Free Dispensary established in each District, and a competent Medical

Officer appointed to each, to protect the Poor against the Cholera of 1849, and the following Table shews the value of this system :—

In 1832 the Cholera prevailed in Bristol for 12 weeks and 2 days. It commenced July 15th, and terminated October 9th.		In 1849, the Cholera commenced in Bristol on June 10th, and ceased October 16th, or 18 weeks.	
Total number of cases of malignant cholera were 1521		Total number of cases of Cholera 778	
Total number of deaths from do. 584		Being 743 less than in 1832*	
Expense of Medical Officers ... £460		Total number of deaths from Cholera 444	
No Return of the amount of Diarrhœa was made in 1832.		Being 140 less than in 1832, although this Epidemic was in active operation one-third a longer time, and more virulent in character.	
<hr/>		<div style="text-align: right;">No Case</div> <div style="text-align: center;">DIARRHŒA.</div>	
Expense of Medical Officers in 1849 £733 0 0		Choloroid, or severe Cases of Diarrhœa 647	
<hr/>		Total number of deaths from do. 7	
Expense of Medicines, &c. £195 0 0		<hr/>	
<hr/>		Simple Diarrhœa cases, visited at their own homes 3707	
Officers pay per case, a fraction less than..... 11d.		Total number of deaths from do. 11	
Expense of Drugs, &c., per case 2¾d.		<hr/>	
		Simple Diarrhœa cases, who applied at the Dispensaries for Medical aid..... 10943	
		Total number of deaths from do. nil	
		<hr/>	
		Sum total of Diarrhœa 15297	
		<hr/>	
		Total number of deaths from Diarrhœa 18	

* This is an important result of this System; the Diarrhœas were cured by *instant Medical aid*, and the Cases *prevented from progressing into Cholera*, which is the usual course of this Epidemic. An equally advantageous effect will be produced on all other acute Diseases.

Bristol population 64,266*	Cases of Cholera, .. 778—Deaths, 444
The Free Dispensaries have protected 25 per cent. of the whole population, full two thirds of these were Mechanics and Labourers, and not Paupers. List of Paupers, 7000 on the Pay List.	Do. of Diarrhœa, 15,297—Deaths, 18
	Total.... 462

RETURN FROM THE REGISTRAR GENERAL'S REPORT.

Liverpool population 223,003	Deaths from Cholera 3,524
	Ditto from Diarrhœa 590
	4,114
Leeds population 88,741	Deaths from Cholera 1,409
	Ditto from Diarrhœa 237
	1,646
Hull population 41,150	Deaths from Cholera..... 1012
	Ditto from Diarrhœa..... 95
	No return of Diarrhœa, except from One District 1107

* This is the amount of the population within the limits of the ancient City only. The jurisdiction of the Corporation of the Poor extends only to the boundaries of the ancient city, and not over its present extended surface.

EXPLANATIONS & OBSERVATIONS

ON THE

PLAN OF FREE DISPENSARIES.

THE object of this Plan is to protect the Lives of the Poor by a legitimate and a proper system of Medical treatment, to afford them a Free and unrestricted system of Medical Aid, that they may be able to maintain their independence, and save them from being forced to become Paupers to obtain Medical Assistance, to protect them from maltreatment and neglectful medical practice, and to give them instant Medical Aid at the onset of disease, by which their diseases may be shortened, and prevented from progressing to a fatal termination.

The result of conferring these benefits on the Poor will be a large reduction of Expense to the Rate-payers, 1st, because the number of Paupers will be reduced, by giving the whole of the Poor every Medical or Surgical Aid they may require, without degrading them into Paupers. 2nd, the cost of Extras will be largely reduced, by the Guardians providing all proper medicines and remedies—so that they will no longer be given as substitutes for Medicines. 3rd, the entire of the Salaries of the Medical Officers will be paid by the

Government. 4th, the expense for attendance on Midwifery cases will be reduced 50 per cent. 5th, the Expense for Surgical Operations, Reduction of Fractures, and Dislocations, and Vaccinations, (and Vaccinations alone amount to £21,500 per annum), will all cease and merge into the Medical Officer's salary.

The vile system of Contracts for the Medical care of the Poor, will cease altogether.

The Medical Officers will be placed in a more respectable position, by becoming servants of the Government, and a system of discipline will be introduced which will be beneficial to all parties.

The celebrated French writer, Lamartine, has stated that "England has the largest amount of Poor of any other nation, and that France has the least, with the exception of Russia." Our published statistical accounts may afford ground for this assertion, although the social condition of our Poor and labouring population would not fairly warrant this conclusion. This national discredit is plainly deducible from our highly impolitic and erroneous system of Poor Law Medical Relief. The Poor Law decrees that *no Medical or Surgical assistance* whatsoever shall be administered to the Poor, *until they be made Paupers!* This unwise enactment leaves the Poor no alternative; whenever they become sick they are *compelled to become Paupers, to obtain Medical Assistance.* Hence comes much of our heavy load of Pauperism. We are indebted to the Clerk of the Clifton Union for a return, obtained with much labour, which shews that 64.957 per cent. of all the

Paupers made during the year, were so made through sickness requiring Medical Relief—the numbers were 2655 Paupers received on the list, of which number 1737 required medical aid. In the Thornbury Union, which is a healthy Rural District, the number of Paupers made *through sickness*, during the year ending March, 1851, was 52.310 per cent, of the whole amount.* The relative amount of these numbers will of course vary in different places, but these figures give a broad intimation of a general fact. The French Government have been far more provident and wise than the British; they maintain splendid Hospital establishments for their whole Poor, free and accessible at all times, and their value to the nation is so highly esteemed, that these institutions have withstood the shock of repeated revolutions undisturbed and unmoved. Here they make no Paupers for the sake of a dose or two of physic, or for a bruised or fractured limb, and although their Poor have fewer of the comforts of life than ours, yet they have fewer Paupers. The French Government have listened to the advice of their eminent Medical Authorities, and have established a legitimate professional system of relief, upon correct principles to which there is no doubt their small amount of Pauperism is to be attributed.

We, on the contrary, have an awkward, confused, and

* THORNBURY UNION, YEAR ENDING MARCH, 1851.					
Number of New Paupers relieved during the Year (including Children)					541
Number of the above who were relieved through Sickness					225
Number of Widows' with Children who have been received					16
as Paupers during the Year					42
					283

† Made through sickness and death of the Husband.

irregular mode of proceeding, which cannot be called a system, which was contrived by non-professional persons who had no practical knowledge of the subject, and was made law without the smallest idea of what would be the effects of it. It was put in force and continues to be conducted by non-professional persons, without the assistance or advice of any one single Medical Officer, hence this great national Medical business can be designated by no other proper appellation than a system of Quackery.

The very great evils which are produced by this lamentably unsuccessful system, cannot be fully appreciated, because they cannot be so clearly seen by non-professional persons as by Medical Men. It may fearlessly be asserted that thousands of the Poor die annually from curable diseases, who would continue to live were the proposed system adopted. It is a matter of notoriety among Medical Men, that in the Medical treatment of the Poor there is a most reckless disregard of human life, acute diseases of the most urgent kind are grossly neglected, and are often not seen by the Medical Officer for two or three days together; and no efficient Medical treatment is pursued because the cost of the remedies would come out of the Medical Officer's own pocket. Proof of this can be obtained, if desired.

The loss of life is also the loss of money, which though of minor consequence is not to be disregarded. It frequently happens that the money spent upon the funeral, if properly applied, would have saved the life, and leave no Widow and Orphans to maintain.

No measure can be more impolitic, cruel, and ex-

pensive than that of *granting no Medical Aid until the Sick be made a Pauper!* The enactment of sec. 7 and 8 is proposed to stay the mischief of this cruel and impolitic law ; this would save thousands of the lives of the Poor annually, and would save thousands from becoming Paupers, and consequently save many thousands of pounds annually to the ratepayers. For there are great numbers of respectable and industrious Poor, who struggle hard to maintain their independence, and there is nothing which will so essentially aid them to attain their honourable purpose as to provide for them a free and unrestricted system of Medical Relief, easy of access, and to be obtained without favour and without degradation ; by which they may be saved from destitution by long continued and unrelieved sickness.

Free National Dispensaries will constitute a *Perpetual Preparation*, ready to meet the access of any Epidemic which may appear amongst the people. And their very great value in affording instant assistance, and thereby saving life, may be estimated by their triumphant success in Bristol, during the Cholera in 1849. The number of cases of Cholera and Diarrhœa were 16,095, from which there were only 462 deaths ; and the whole expense was £928, of which the Medical Officers received 10 $\frac{7}{8}$ d. per head, and the whole cost of all Drugs, Remedies, and Appliances of all kinds, was 2 $\frac{3}{4}$ d. per case. This for success in saving life, and economy in money, has never been equalled anywhere. If a careful estimate be made, from the number of cases of disease and the usual mortality in other places, this system must have saved 1200 lives at the least. And the *saving of life*, is the *saving of money!* Although 25 per cent. of the whole

population were attacked by Cholera or premonitory Diarrhœa, who were principally *Mechanics, Artizans,* and *Labourers*, and very few Paupers, yet there was scarcely any addition made to the list of Paupers, very few Widows and Orphans remained to be maintained, and creating very little expense for funerals. In London the deaths were 14,000, and a Guardian of the London Union has informed us that the immediate expense was £200,000, and £20,000 per Annum for the maintenance of Widows and Orphans. In Liverpool the deaths were 4114, or about 30 per cent. that of London, with a proportionate expense. Whilst the loss in Bristol was only a fraction more than 10 per cent. of that of Liverpool, and in proportion to the amount of population, not *one-half* that of Liverpool.

By the enactment of sec. 8, the Poor will no longer be degraded into Paupers that they may obtain Medical Relief; this amendment will protect the industrious and best portion of the Poor, and will *largely reduce the number of Paupers*. This is a principle which cannot be too highly esteemed, it largely affects the deepest interests of the independent Poor, and very materially influences the expenditure of the Rates. The Registrar General's report informs us that about 25,000 persons die annually of *three acute diseases* only, viz., *Typhus Fever, Pneumonia,* and *Bronchitis*, and the sufferers are principally of that class of persons who would be entitled to receive Free Medical Aid. Therefore, thousands of these cases would be saved if these Institutions were established, because they would be able to obtain Medical Aid at the very onset of disease, when a Medical Practitioner of moderate capacity, and but little Medical

experience, might be able to stop their progress towards a fatal termination. Here also the “saving of life is the saving of money ;” it saves the cost of funerals, and the maintenance of Widows and Children, besides effecting a large diminution in number of Paupers.

Sec. 4, corrects another great error of the present law ; it abolishes the execrable system of Contracts, by which Medical Men agree to attend the Poor, and supply the remedies at their own cost. These Contracts are made at the lowest possible figure, so low that many Medical Men, who are conscientiously scrupulous in performing their duty, refuse to enter into them. But others will, and publicly boast of how they over-reach the Guardians, by ordering extras in Diet instead of giving suitable Medicines. The Guardians have the worst of this in two ways, the extras thus substituted cost ten times as much as suitable medicines would be worth, and the Patient gets no efficient Medical treatment, and therefore remains sick for double and treble the length of time he would be laid up, if proper remedies were used. Therefore by the enactment of sec. 4, a considerable amount of money will be saved, the Drugs, Remedies, and Appliances of all kinds will not cost the Guardians so much as 6d. per head for all the sick, and this expense will be the entire cost falling upon the Union for Medical Aid, except for Midwifery ; and the Poor will obtain a more efficient Medical treatment, by which their diseases will be shortened, great numbers will be thus saved from pauperism, and what is of still more consequence great numbers of lives will be saved ; and life is as sweet to the Poor as to the Rich, which our laws acknowledge, and protect them with equal care from



A SUPPLEMENTAL INQUIRY

INTO SOME OF THE PRINCIPAL CAUSES WHICH CREATE THE
GREATEST PORTION OF OUR PAUPERISM.

IN prosecuting our enquiries a little more closely into that great national question, “The Administration of Medical Aid to the Poor,” new and important light is thrown upon the baneful operations of the present law: its evil effects appear to increase in magnitude the nearer we approach them.

The alarming increase of pauperism has been, for a long time, the subject of anxious complaint from all parts of the country, as becoming a heavy clog, weighing down all industrial pursuits. Yet no one has undertaken any enquiry into the causes which are producing this great national calamity—not one single step has been taken in the right direction to discover the root and origin of the mischief.

The universality of the complaint is known to every body, yet no one seems to have asked himself the simple question—How is it that such a vast number of people are constantly becoming paupers? and for what reason have all these people been made paupers? There are upwards of two millions of paupers, unproductive consumers, who are eating up the produce of industry to the extent of five millions and a quarter of money

annually ! This is a monstrous national loss, and no attempt whatever has been made to stay its progressive increase.

The theoretical dogmas of political economy have, in all probability, led to the perpetration of the great practical errors which were embodied in the original construction of the present Poor Law, for it may be taken as an axiom, That no successful and perfect *Practical* System can be constructed upon *Theoretical* Ideas, without previous practical Experience. Statistics are the mere notation of facts, and are much the fashion of the day. But, strange to say, they have never been employed to elucidate the important facts relative to the wholesale manufactory of paupers by our present Law.

It might have been supposed that the Statistics of Pauperism, and the causes leading to it, would have been as eagerly sought after as the Statistics of Crime ; but no attention whatever has been paid to this extensive and important branch of necessary knowledge. In our enquiries into this matter we have had great difficulty in obtaining a few returns, intended to show what is the amount of persons made paupers through sickness : these returns have been made out with much labour by the Clerks and Relieving Officers of various Unions in different parts of the Kingdom, as a personal favour, *although a single column in the Poor Law Union Books, headed, “ Made a Pauper through Sickness,” would have given the Statistics of the whole Kingdom with accuracy and ease.* However, we have been favoured with a sufficient number of these important Documents, from such various localities, that they cannot be doubted as exhibiting the just and fair representation of the general fact.

A SUMMARY of the Returns from various Poor Law Unions, shewing the amount of Persons made Paupers through Sickness.	Total number of all <i>New</i> Paupers which have been made during one year.	Total number of the fore- going New Paupers who became Paupers thro' sickness.	The number of Widows who became Paupers from the Death of their Husbands.	The number of Children.	The amount per Cent. of those made Paupers through sickness, rela- tive to those made from other causes.
THORNBURY UNION, Gloucester- shire. A healthy rural District }	541	225	16	42	52½
CLIFTON UNION. Part Town and part Rural }	2655	1737	65
SALFORD UNION, near Manchester. }	Adults. 950 Children. 1226	Adults. 589 Children. 537	48	165	Adults. 67 Children. 43
AXBRIDGE UNION, Somersetshire, } consisting of 38 Parishes. Healthy rural District }	Adults. 1169 Children. 1216	Adults. 884 Children. 984	Widows. 30 Widow's 7	48	Adults. 75 Children. 80
TEWKESBURY, Gloucestershire	1606	1385	20	29	86
PLYMOUTH. Parish of St. Andrew.	1138	793	80	574	69 ex. Child.
LIVERPOOL, as estimated by the Chaplain of the Workhouse.— No accurate return could be made }	80
CLIFTON, 2nd return, from Sept., 1850, to Sept. 1851 }	Adults. 964 Children. 1026	Adults. 871 Children. 737	Widows. 30 Widow's 19	167	Adults. 90 Children. 71
BRISTOL, Corporation of the Poor .	984	654	89	1126	66 ex. Child. and Widows.

N.B. Illegitimate Children, amount to a considerable number, and consequently all the Children have been enumerated seperately.

These important Statistics afford us complete and unerring instruction: they unequivocally demonstrate the source from whence our severely oppressive mass of pauperism arises, and they show us clearly the way and the means of accumulating paupers.

The Poor Law, as now in force, enacts, to the effect, that no person shall receive Medical Aid, or any other kind of assistance, until the applicant be made a pauper! It may be asked, what beneficial purpose is this arrangement to serve? or what moral principle is it to illustrate? The evil consequences of this enactment are of immense magnitude. These returns demonstrate the fact (which results from the false principle on which the Law is founded), that *70 per cent. of all our paupers become paupers through the operation of this Law!* Is there any State necessity, or any moral or social principle, which require that when a poor man may have the misfortune to fall sick no Medical Aid, or any assistance of any kind, shall be given him until he be made a pauper? But leave him to struggle with sickness and adversity, until he be entirely prostrated, when probably the niggardly offer of parsimonious help may come too late to be of any value to him.

The poor man's welfare and the public interests are identical, and require that when a labourer fall sick, good and efficient Medical Aid should be immediately administered to him, to cut short his ailments, that he may return as speedily as possible to his labour, and continue to support himself and his family: for this would be an actual gain to the community, by preserving his labour, as well as preventing any loss in money given from the

public purse to maintain him and his family while he is an unproductive burthen on the community.

Contrast the effects of a system of this kind with the practice under the present law. A labourer falls sick, and feels unable to continue his work. He stays at home some days ; he does not like the disgrace of becoming a pauper ; he waits, in the hope of getting better, until his little earnings have become exhausted ; during this time the disease is making rapid progress, and he is completely prostrated ; then his family become in want of bread, and his life being in danger, he applies to the Union for Medical Aid. He is then made a pauper, and if, from the disease being unopposed at its commencement, he should lose his life (a misfortune which frequently happens), the wife and family must remain paupers, supported from the public purse for years to come. If the poor fellow should not die, he cannot recover from the prostrated condition, left by a formidable disease, for many weeks to come. Here is a great cruelty practised by the law, and a large loss incurred by the public, all of which, the administration of instant Medical Aid at the onset of disease, might have prevented, and in a vast many instances would prevent.

To illustrate this hardship the following case may be stated :—An industrious and honest labourer was prostrated by sickness for 12 or 13 weeks, when his little means became exhausted ; he lived in a cottage of his own, built upon the waste, on Old Down Common, near Thornbury. He applied to the Union for a little assistance until he could regain strength enough to resume his labour : but all assistance was peremptorily

refused him, unless he gave up his cottage and his few articles of furniture and go into the Union Workhouse—and thus break up the home of his children, and be separated from them in the Workhouse. The Chairman of the Union, when he found that he had no power to resist this uncharitable and cruel proceeding, resigned the chair, declaring that he would not be the means of carrying out so un-English and inhuman an enactment.—We have here an instructive example how the present law becomes a powerful engine for the destruction of the *independence* of the poor, and even trenches upon the liberty of the subject—for the discipline of the Workhouse is but a small remove from the Prison of the criminal.

We cannot hide from ourselves, how small is the amount of sympathy which the poor man meets with, when this evil day comes upon him. It is humiliating to the character of educated men, to look down with supercilious indifference on the sufferings of the Poor. Our Legislators seem more intent upon squabbling for power, than labouring in the sacred cause of charity and benevolence. To address philanthropic arguments to them, and to press the claims of humanity, is about as fruitless an effort, as playing the harp to a deaf adder. There is, however, fortunately for the Poor, a powerful Goad connected with this question, well calculated to spur on the most cold-blooded calculator—and that *Goad* is *Money*!

There are no circumstances whatsoever, either moral or social, which can justify the uncharitable and suicidal policy of pauperizing the sick poor. This practice is a most unjustifiable outrage upon the independence of

the working classes. Independently of the injustice done to the poor, a mountainous pressure is pulled down upon the heads of the trading and active members of the community, by the enormous and unnecessary augmentation of the poor rates.

Political Economists display much eloquence upon the important subject of the *independence* and *self-reliance* of the labouring classes. Much "Midnight oil" appears to have been unprofitably consumed without any valuable result. In the daily and common affairs of men, all their proceedings are directed by their experience, in which logic or special pleading would be regarded as so much dust cast into their eyes to obscure their vision. The question is one of a simple matter of fact, and needs no argument. The only *property and capital of the labouring man is his labour*, from which his *sole income is derived*, and any cause which suspends his power to labour, suspends his entire income, and his independence must cease, unless his power to labour can be regained before his small earnings have become exhausted. This is a matter of fact, which is forced upon our convictions by daily experience, and the whole essence of this question is included entirely in this one single fact.

To suspend the injurious effects of the present Law, there is one remedy, and only one, which can have any effect in mitigating this great National Calamity. And that remedy is : *The immediate Repeal of that Section of the Poor Law which compels the Pauperising of every applicant for Medical Aid, and by the giving in its stead a full, free, and liberal system of Medical Aid to the whole Poor, whether paupers or not*, without restriction or

restraint of any kind, without favour, and without the sacrifice of any privilege belonging to an independent Citizen, and without degradation. This measure and this alone will accomplish this great advantage.

Great stress has been laid upon the valuable effects of Sick Clubs, as largely contributing to maintain the independence of the poor. Were the objects of these Clubs, and the reasons which induce the people to enter into them better understood, more definite ideas would be entertained of the grounds on which the utility of Sick Clubs rests. The term *Sick Club* leads many persons into the erroneous supposition, that the principle reason people have for entering into them, is to procure Medical Attendance of a more efficient kind, during attacks of sickness, without the expense of paying a Medical Practitioner. This is entirely a mistake. If a Member of a Sick Club become unable to work, his income for the supply of his daily bread is instantly suspended, he then claims the weekly allowance from his club for his maintenance, while he continues disabled; this allowance varies from 5s. to 10s. a-week, according to the rules of his club. He must, however, produce the certificate of a Medical Practitioner, to prove his incapacity to labour, before he can receive his weekly allowance. This is the object for which people join Sick Clubs; it is also true that most of these Clubs (not all of them) contract with a Medical Practitioner to attend the Members. These contracts are taken at a very low rate, from 6d. to 1s. per head, per quarter. A remuneration far too insignificant to induce the Medical Officer to pay any useful attention to them, or to supply them with proper and suitable remedies; indeed, we

have the Members of these Clubs constantly applying at the Public Charities for Medical Aid, on account of the neglectful and inefficient performance of the Medical Duties in those Clubs. Besides which, some of these Clubs have *no Medical Officer at all*. Attempts have been made by Poor Law authorities to get up Medical Clubs to attend second class Poor at 6d. per head, per quarter, for Adults, and 3d. for Children, upon the absurd idea that the less size of the body would require less Medical attention, when in fact Children require more attention than Adults. Then let it be clearly understood, that *Sick Clubs* are solely intended by their promoters to be *societies for mutual assistance, in supplying the necessaries of life during prostration from sickness*, and not for the *supply of Medical Aid, which in all cases is but an inefficient addendum*, so far as regards proper Medical Attendance. These Societies, therefore, must be greatly benefitted by an efficient and free Medical Aid, contributed by Government, and be a valuable boon to these Clubs.

There is still a wholesome and laudable spirit of independence existing among the better portion of the labouring Poor, and which, if properly fostered by a free and liberal system of Medical Aid, administered without favour or degradation, large masses would avail themselves of this Charity and never become paupers at all, probably to the end of their lives. Abundant examples can be produced, where the abhorrence of pauperism is so great that those Poor would rather perish on a bed of sickness than become paupers—but the pressure which becomes irresistible in subduing such noble spirits, is a family starving and without

bread. From the absence of Medical Aid at the commencement of disease, a prolonged sickness inevitably results, which often ends in death ; when early Medical Aid would not only have prevented death, but most probably would have prevented prostration from disease.

The intervention of the Relieving Officer is a great evil, and renders instant Medical Aid in urgent cases *impossible*, and it is in all cases a most deleterious obstruction. A more objectionable contrivance, both for the sick Poor and the Ratepayer, could scarcely have been conceived.

Abundant instances can be produced of the loss of life from delays created by the intervention of the Relieving Officer, as well as from the neglect and malpractice of the Medical Officers of Unions.

As the good health and strength of the labourer are absolutely essential to the existence of *self-reliance and independence* in the Working Classes, let us consider, in a few words, whether the proposed measure will secure these important advantages. If free Medical Aid be given *immediately it becomes necessary*, these advantages *will* be secured, for almost all cases of sickness are easily cured at their commencement, it is, therefore, of the most vital importance this assistance be rendered the moment it is required, and that there be no obstruction of any kind to cause delay or interrupt the instant administration of it. An effectual means of preserving health is thus afforded, but whether the best use of this advantage will be made or not, must rest with the good sense and prudence of the individual.

Under the present Law, the Poor are entirely at the

mercy of the Medical Officer, who is amenable to no authority, and no person concerned in the administration of Medical Aid to the Poor has either the necessary knowledge or power to scrutinize his proceedings, to call in question the correctness of his Professional practice, or in any manner to call him to an account.

The present system of Contracts by the Medical Officers, to supply all Medicines and Remedies is very disadvantageous to the Public, and is subject to great abuse, and productive of great mischief, to the Poor, by the almost universal practice of substituting Extra Diet in lieu of proper medicines, by which the Patient obtains no efficient Medical Treatment; leaving the disease to progress unopposed, which may result in death, or such disability as may be irrecoverable, and the Patient remain an expensive Pauper for the rest of his life. The Extra Diet, also, is productive of great expense to the Union in a great many instances, without benefiting the sick person. A Stimulating Diet is a valuable auxiliary when judiciously used in suitable cases, but it can never be used as the sole remedy for the cure of disease.

The proposed measure will render the Union Medical Practice far more efficient and consequently more successful than it is at present, for two reasons,—First, because the practice of the Union Medical Officers themselves will be inspected and required to be conducted upon correct principles,—and Secondly, because proper medicines will be compelled to be used, instead of the existing practice of substituting Extra Diet in lieu of them. It will very soon be seen that these regulations will have an important and valuable effect in saving life and shortening disease, and thus in preserving *independence*.

The principal object intended to be effected by this Supplement to our Plan, is to set fairly before the country proofs of the complete failure of that portion of the Poor Law which relates to the administration of Medical Aid to the Poor, and to point out the enormous mischief that Enactment is daily producing to the working classes, both socially and morally, by unnecessarily destroying the independence of large masses of the poor, through the suicidal practice of pauperising the sick; and by creating, as is proved by returns, the heavy addition of 70 per cent. to the list of paupers. What influence such an addition must have on the amount of money necessary to be raised for their support we leave for others to estimate.

We have previously shewn that our proposed Plan would equalize the public burthens so far as regards the payment of the Union Medical Officers. Their Salaries and all extra payments now made to them, such as Fees for Surgical Operations, Fractures, Dislocations, Vaccinations, and we would add, also, Registrations, all would cease, and merge into a single Salary, which would be paid from the Consolidated Fund. If we have shown and proved the utter failure of the present system, we have proposed another, which is founded on practical experience, and which cannot possibly fail.

We have now done our duty in bringing forward this great national question before those who are competent to deal with it. A large field is here laid open for the active exertions of the Philanthropist, as well as for the careful management of the Economist, and there is abundant opportunity for both to perform great and valuable services for the benefit of our fellow men.

